

Fill in this information to identify the case:

Debtor name Clutch Wholesale Insurance Agency, LLC
 United States Bankruptcy Court for the: _____ District of Delaware
 (State)
 Case number (if known): 20-10654

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
	Atalaya Special Opportunities Fund VII LP	All Assets	\$ 32,960,123.00	\$ 0.00
	Creditor's mailing address 780 Third Ave., 27th Floor New York, NY 10017 Creditor's email address, if known sarnobat@atalayacap.com Date debt was incurred <u>03/04/2019</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. Atalaya Special Opportunities Fund VII LP - Senior Greenlight Reinsurance LTD - Subordinated Describe the lien <u>Credit Agreements</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
2.2	Greenlight Reinsurance Ltd.	All Assets	\$ 6,930,000.00	\$ 0.00
	Creditor's mailing address 65 Market St., Jasmine Ct., Camana Bay P.O. Box 31110 KY1-1205 Grand Cayman, Cayman Islands Creditor's email address, if known _____ Date debt was incurred <u>03/04/2019</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> Describe the lien <u>Secured Convertible Promissory Note</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ 48,885,503.00	

